ERROR LAYOUTS FOR HOME CARE 1.00 SUBMISSION FILES (VERSION 1.00)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Lansing, MI

July 16, 2003

Last Modified on April 13, 2005

G:\dvlpapps\Long_Term_Care\Home Care\Docs\Home Care Error File Layout.doc

TABLE OF CONTENTS

History of Updates to the Error Submission Specifications

Update Date	Person	Update Description
7/16/2003	Andree Almer	Updated EDI Batch Identifier Comment on Header Record to indicate that the error batch identifier is the same identifier used in the input Home Care file that this error file is a response for.
04/13/2005	Julie Donall	Changed all instances of MDS – HC and MDS to HOME CARE.

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

DE#	Data Element Name	Type	Size	Columns From	To	Value	Comments	Format Info	Consistency
				Columns		**Value**	**Comments**	**Format Info**	**Consistency**
1	EDI TYPE	TEXT	4	1	4	HDDR		*MUST be in upper case.	*1. Required Field. Cannot be blank.
2	EDI APP	TEXT	2	5	6	MA	Application identifier.	*MUST be in upper case.	*1. Required Field. Cannot be blank.
3	**EDI USER**	**GRP LABEL**					**User Identifier**		
4	EDI USER - prefix	TEXT	5	7	11	DCH00		*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
5	EDI USER	TEXT	2	12	13		Service Bureau Claim ID	*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
6	EDI USER - suffix	TEXT	1	14	14		Space character		
7	EDI CREATION DATE	TEXT	8	15	22		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Trailer's EDI Creation date (index 7).
8	EDI TRANSFER DATE (OR USE CREATION DATE)	TEXT	8	23	30		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Trailer's EDI Transfer date (index 8).
9	EDI TRANSFER TIME	TEXT	4	31	34		HHMM		*1. Required Field. Cannot be blank. Must be the same value used for the Trailer's EDI Transfer time (index 9).
10	EDI FILE NUMBER	TEXT	4	35	38	4939	File Identifier.		*1. Required Field. Cannot be blank.
11	EDI RUN TYPE	TEXT	1	39	39	P or T	' P ' for production or ' T ' for Test	*MUST be in upper case.	*1. Required Field. Cannot be blank.
12	EDI BATCH IDENTIFIER	TEXT	3	40	42		The valuse for this batch identifier is assigned by the	*Left justified,Any letters must be in upper case.	*1. Required Field. Cannot be blank. Must be the same value used for the Trailer's batch identifer (index 12).

The heading **ERROR HEADER RECORD LAYOUT** appears above the table.

DE#	Data Element Name	Type	Size	Columns		Value	Comments	Format Info	Consistency
				From	**To**				
							warehouse program which is the same identifier used in the DEG Home Care file that this error file is a response for.		
13	FILLER	TEXT	12	43	**54**		Pad with space characters		

ERROR HEADER RECORD LAYOUT

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

					ERROR DATA RECORD LAYOUT					
DE #	Data Element Name	Len	Columns		Specification					
			From	To	Range	Range Values	Pic	Type	Format	Consistency
1	RECORD ID	1	1	1	A,M,D,G	A = Add New HC or Status Record M = Modified HC or Status Record D = Delete HC or Status Record G = GOOD FILE	X	CODE	Upper case A, or Upper case M, or Upper case D or Upper Case G	1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank. 2. If the error involved a client/status record in the HOME CARE file then this field's value is from the original erroneous HC record. This is one of the keys needed to locate the original HC record. It indicates what type of action should be performed. 3. If the RECORD ID = G it indicates that the submission file did not contain any errors. The fields INDEX 2 – 4, 6 - 9 will be BLANK. When RECORD ID = 6, Index 5 (Originally Social Security Number Field) will now contain the Record Count – number of records accepted in the State Database when the Submission file was sent. Note that, if RECORD ID = G, then the error submission file will contain Header record, ONE data record and Trailer record.
2	RECORD TYPE CODE	1	2	2	S, A, R, F	S = Screening A = Assessment R = Reassessment F = Face sheet M = Medication **C = Client's Status B = Care**	X	CODE	Uppercase;	1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank. 2. If the error involved a client/status record in the HOME CARE file then this field's value is from the original HC record that was erroneous. It indicates what record type is.

| DE # | Data Element Name | Len | Columns | | Specification | | | | | |
			From	To	Range	Range Values	Pic	Type	Format	Consistency
						Setting Status D = MOU (Memo of Understanding) Status W = Waiver Status				This is one of the keys needed to locate the original HC record. 3. If RECORD ID= G (Good File), then this field will be blank.
3	Creation Date	8	3	10	Valid full date		MMDDYYYY	DATE		1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank. 2. If the error involved a client/status record in the HOME CARE file then this field's value is from the original HC record that was erroneous. It indicates when the record was created. This is one of the keys needed to locate the original HC record. 3. If RECORD ID= G (Good File), then this field will be blank.
4	Unique Agent Code	6	11	16	Valid Code	For valid Codes Refer to the document Code_Tables.doc	X(6)	CODE	Left Justified, any letters are in upper case.	1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank. 2. If the error involved a client/status record in HOME CARE file then the field's value is from the original HC record that was erroneous. This is the agency code. This is one of the keys needed to locate the original HC record. 3. If RECORD ID= G (Good File), then this field will be blank.

The table above is titled **ERROR DATA RECORD LAYOUT**

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

			Columns		Specification					
DE #	**Data Element Name**	**Len**	**From**	**To**						
					Range	**Range Values**	**Pic**	**Type**	**Format**	**Consistency**
5	Unique Client Social Security Number **OR** Good File Record Count	11	17	27	Valid code	For **Social Security Number Edits** Refer Document SPECS_Ver1.0.doc Appendix A.	X(11)	TEXT	Left justified. **For SSN** Format is 999-99-9999 or 999999999.	1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank. 2. If the error involved a client/Status record in HOME CARE file then the field's value is from the original HC record that was erroneous. This is one of the keys needed to locate the original HC record. 3. If RECORD_ID = G (Good File) then this field will contain the Record Count. i. e. No of records accepted in the State Database when the submission file was sent.

6	Record Date	8	28	35	Valid full date		MMDDYYYY	DATE		1. If an error was made in the DEG Header/Trailer and the entire file was rejected then this field will be blank.
										
										2. If the error involved a client/status record in the HOME CARE file then the field's value is from the original HC record that was erroneous. This is the date of the information on the original HC record. This field will be:
										
										  • **the screening date (index 21) on the screen record**
										  • **the assessment date (index 9) on the assessment record**
										  • **the reassessment date**

Title row spanning: **ERROR DATA RECORD LAYOUT**

| DE # | Data Element Name | Len | Columns | | Specification | | | | | |
			From	To	Range	Range Values	Pic	Type	Format	Consistency
										(index 9) for the reassessment record • the face sheet date (index 27) on the facesheet record • the from date (index 9) on the client status, case status, Memo of Understanding Status records • the from date (index 10) on Waiver Status record **This is one of the keys needed to locate the original HC record** 3. If RECORD ID= G (Good File), then this field will be blank.
7	Field Index Number	5	36	40			X(5)	CODE	Left Justified;	1. This numeric code indicates which field is incorrect 2. If RECORD ID= G (Good File), then this field will be blank.
8	Medication Sequence Number	5	41	45			9(5)			1. This field will be zero if the error does not involve a medication record. If the error involves a medication record then this field will indicate which medication record of the client needs to be corrected. 2. If RECORD ID= G (Good File), then this field will be blank.
9	Error Code	6	46	51			9(6)	CODE	Left Justified;	1. This numeric error code that indicates which type of error was made.

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

			Columns		Specification					
DE #	**Data Element Name**	**Len**	**From**	**To**	**Range**	**Range Values**	**Pic**	**Type**	**Format**	**Consistency**
										2. If RECORD ID= G (Good File), then this field will be blank.
10	Data End	1	52	52		%	X	CODE		End of Data Terminator Code. Value is %
11	Carriage Return	1	53	53		ASCII (013)	X	CODE		Carriage Return (ASCII 013) – moves the cursor to the beginning of the current line on the ASCCII file
12	Line Feed (ASCII 010)	1	54	54		ASCII (010)	X	CODE		Line Feed (ASCII 010) – move the cursor down to the same column on the next line of the ASCII text file.

<div align="center">ERROR DATA RECORD LAYOUT</div>

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

	ERROR TRAILER RECORD LAYOUT								
DE#	**Data Element**	**Type**	**Size**	**Columns**		**Value**	**Comments**	**Format Info**	**Consistency**
				From	**To**				
1	EDI TYPE	TEXT	4	1	4	TRLR		* MUST be in upper case.	*1. Required Field. Cannot be blank.
2	EDI APP	TEXT	2	5	6	MA	Application identifier.	* MUST be in upper case.	*1. Required Field. Cannot be blank.
3	EDI USER	GRP LABEL					User Identifier		
4	EDI USER - prefix	TEXT	5	7	11	DCH00		*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
5	EDI USER	TEXT	2	12	13		Service Bureau Claim ID	*Any letters MUST be in upper case.	*1. Required Field. Cannot be blank.
6	EDI USER - suffix	TEXT	1	14	14		Space character		
7	EDI CREATION DATE	TEXT	8	15	22		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Header's Creation date (index 7).
8	EDI TRANSFER DATE (OR USE CREATION DATE)	TEXT	8	23	30		YYYYMMDD		*1. Required Field. Cannot be blank. Must be the same value used for the Header's Transfer date (index 8).
9	EDI TRANSFER TIME	TEXT	4	31	34		HHMM		*1. Required Field. Cannot be blank. Must be the same value used for the Header's Transfer time (index 9).
10	EDI FILE NUMBER	TEXT	4	35	38	4939	File Identifier.		*1. Required Field. Cannot be blank.
11	EDI RUN TYPE	TEXT	1	39	39	P or T	' P ' for production or ' T ' for Test	*MUST be in upper case.	*1. Required Field. Cannot be blank.
12	EDI BATCH IDENTIFIER	TEXT	3	40	42		batch identifer	*LeftJustified, any letters must be in upper case.	*1. Required Field. Cannot be blank. Must be the same value used for the Header's batch identifier (index 12).
13	EDI RECORD COUNT	NUMBER	10	43	52		Total number of records including Header[HDDR] and Trailer [TRLR]	*Right justified and leading zero filled number or blank.	*1. Required Field. Cannot be blank.

ERROR SUBMISSION SPECIFICATIONS FOR THE HOMECARE 1.00
FOR SUBMISSION FROM THE STATE TO THE HOME CARE AGENCY
(Version 1.00)

DE#	Data Element	Type	Size	Columns		Value	Comments	Format Info	Consistency
				From	To				
14	FILLER	TEXT	2	53	54		Pad with space characters		